



## Certification: Category C $\leq$ 2 Years Old

### Existing Certification

1. Enter Family number

### Income

1. Click on the Income Determination button (Family page)

Income Determination

- Click on the Income Determination button (Family page)
- Select the Household size from the dropdown (labeled A)
- Select the Source from the dropdown (labeled B)
  - See examples of Proof of income in the Appendix #1
- Select the Proof of Income from the dropdown (labeled C)
  - See examples of Proof of income in the Appendix #2
- Select the Method (labeled D)
  - See examples of Method in the Appendix #3
- Enter the income amount (labeled E)

\* Household Size is a required field.

Please enter income.

Household Size: \*

1	<input type="text" value="Source"/>	<input type="text"/>	<input type="text" value="Method"/>	\$ <input type="text"/>
	<input type="text" value="Notes (optional)"/>			
2	<input type="text" value="Source"/>	<input type="text"/>	<input type="text" value="Method"/>	\$ <input type="text"/>
	<input type="text" value="Notes (optional)"/>			
3	<input type="text" value="Source"/>	<input type="text"/>	<input type="text" value="Method"/>	\$ <input type="text"/>
	<input type="text" value="Notes (optional)"/>			

2. Click the Save button

- Once the income has been saved a message will display

**Income information saved.**

#### View/Edit Income Information

Date: 7/6/2015

Household Size: 4

1	Employment	Check Stubs	Weekly	\$750.00
Notes:				
TOTAL GROSS WEEKLY INCOME: \$750.00				

## Income (Adjunctively Eligible)

- Click on the Income Determination button (Family page)

Income Determination

- Click on the Income Determination button (Family page)
- Select the Household size from the dropdown (labeled A)
- Adjunctive Eligible will automatically display (labeled B)
- Verbal Report will automatically display (labeled C)
- Select the Method (labeled D)
  - See examples of Method in the Appendix #3
- Enter the income amount (labeled E)

\* Household Size is a required field.

**Adjunctively eligible. Need verbal income.**

Household Size: \* Please Select...

	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
1	<span style="border: 1px solid black; padding: 2px;">Adjunctive Eligible</span>	<span style="border: 1px solid black; padding: 2px;">Verbal Report</span>	<span style="border: 1px solid black; padding: 2px;">Method</span>	\$ <span style="border: 1px solid black; padding: 2px; width: 100px;"></span>
	<span style="border: 1px solid black; padding: 2px;">Notes (optional)</span>			
Reset				

- Once the income has been saved a message will display

**Income information saved.**

#### View/Edit Income Information

Date: 7/2/2015

Household Size: 2

1	Adjunctive Eligible	Verbal Report	Bi-weekly	\$1,200.00
Notes:				
TOTAL GROSS BI-WEEKLY INCOME: \$1,200.00				

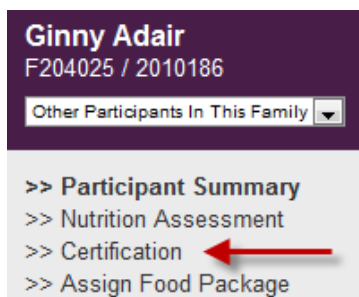
- Click on the Edit button to edit the income information



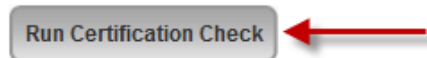
- Click on the Family number to return to the Participant Information page



- Click on Certification link



- Click on Run Certification Check (this checks to make sure that all of the participant's information has been entered)



## 7. Eligibility View:

- Category (Participant page > Edit Participant)
- Income (Family page > Income determination)
- Residency (Participant page > Edit Participant)
- Physical Presence (Participant page > Edit Participant)

### Eligibility

Category:	Child DOB: 5/5/2011 Age: 1 y 3 m Proof: Social Security card  Physical Presence: Y
Income:	Household Size: 4 Weekly Amount: \$500.00 Proof: Other (Document In Notes)
Residency:	365 Fir Lane Boise, ID 83716 Proof: Drivers License or Passport

## 8. Health Assessment

- Anthropometrics (Nutrition Assessment > Health Assessment > Anthropometrics tab)
- Bloodwork (Nutrition Assessment > Health Assessment > Bloodwork tab)
- Immunization (Nutrition Assessment > Health Assessment > Immunization tab)
- Feeding History (Nutrition Assessment > Health Assessment > Feeding tab)

### Health Assessment

Anthropometrics:	Weight: 30 lbs Height: 35 in
Bloodwork:	Hemoglobin: 12 g/dl
Immunization:	Yes
Feeding History:	Ever Breastfed? Yes Still Breastfeeding  Ever taken formula? No

## 9. Assessment Interview

- Assessment Interview (Nutrition Assessment > Assessment Interview)

### Assessment Interview

Health / Medical:	Incomplete
Lifestyle:	Incomplete
Nutrition / Health:	Incomplete

UPDATE

By clicking this button you will leave this page.

## 10. Risk Codes

- If there are No WISPr or Assessment Interview assigned risk codes see below:
  - Category C  $\leq$  2 yrs: Risk 428 or 501 will alternate on display


**NOTE:** If Risk codes 428 or 501 are selected all other risk codes will be grayed out

### Risk Codes

WISPr Assigned:	None
Assessment Interview Assigned:	None
Additional Risk Codes:	<input checked="" type="checkbox"/> 501: Possibility of regression <input type="checkbox"/> 134: Failure to Thrive <input type="checkbox"/> 341: Nutrient Deficiency Diseases <input type="checkbox"/> 342: Gastro-Intestinal Disorder <input type="checkbox"/> 343: Diabetes Mellitus <input type="checkbox"/> 344: Thyroid Disorders

11. Staff has ability to assign Additional Risk codes

**NOTE:** If Risk codes other than 428 or 501 are selected, risk codes 428 or 501 will be grayed out

**Risk Codes** 

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WISPr Assigned: None

Assessment Interview Assigned: None

Additional Risk Codes: ☒ 428: Failure to follow nutritional guidelines  
☐ 134: Failure to Thrive  
☐ 341: Nutrient Deficiency Diseases  
☐ 342: Gastro-Intestinal Disorder  
☐ 343: Diabetes Mellitus  
☐ 344: Thyroid Disorders

12. **Mandatory Referrals**


- Once all the Referrals have been selected and saved, they will disappear from the Left Navigation bar (example A)
- The referrals will display at the bottom of the Certification page (example B)

**A Mandatory Referrals**

The following referrals are Federally required.  
Please check that these referrals have been completed.

☐ Substance Abuse  
☐ Medicaid  
☐ TANF  
☐ SNAP  
☐ Immunizations

**SAVE**

**B Referrals** 

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Medicaid/Chip  
SNAP  
Substance Abuse  
TANF/Cash Assistance

13. Click on Certify button (this checks to make sure that all of the participant's information has been entered)



14. A success message will display if the participant has been certified

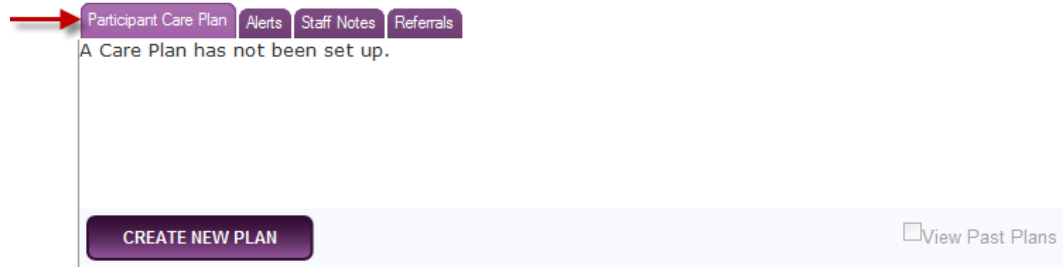
**Certification Result: Certified. Do not forget to create [Care Plan](#).**

15. Click on Cert Summary to View the participants certification summary

**Cert Summary**

## Participant Care Plan

1. Click on Participant Care Plan tab on the Participant summary page



Participant Care Plan Alerts Staff Notes Referrals

A Care Plan has not been set up.

CREATE NEW PLAN View Past Plans

2. Click on Create New Plan button



CREATE NEW PLAN

3. Participant Care Plan View:

Subjective:

Objective:	Assessment:
<b>Age:</b> 1 y 3 m <b>Bloodwork</b> Date: 3/25/2015 Hemoglobin: 13.2 <b>Anthropometrics</b> Date: 3/25/2015 Height: 31.5 in Weight: 25.06 lbs BMI: 17.8 <b>Feeding:</b> Date: 3/25/2015 Was Enrique ever breastfed? No At what age did Enrique first have formula? 0 weeks At what age did Enrique stop breastfeeding? 0 weeks Why did Enrique stop breastfeeding? Inadequate milk supply <b>Immunization:</b> Yes	<b>Certification Risks:</b> Risk 428: Dietary Risk Associated with Complementary Feeding Practices

Education Topics:	Referrals:
- Healthy balanced eating (specific to category) - Physical activity (related to nutrition) - Planning meals/snacks - Portions	Substance Abuse TANF/Cash Assistance

### 4. Subjective

- Enter information in the Subjective field

Subjective:

## 5. Objective

- Information for the Objective field is pre-populated from the Health Assessment
- Different Category views

<b>Objective:</b>	<b>Category C (1 thru 2 yrs)</b>	
Age:	1 y 3 m	
Bloodwork	Date:	7/24/2012
	Hemoglobin:	12
Anthropometrics	Date:	7/24/2012
	Height:	35 in
	Weight:	30 lbs
	BMI:	17.2
Feeding:	Date:	7/24/2012
	Was Ginny ever breastfed?	Yes
	At what age did Ginny first have formula?	Not Started
	At what age did Ginny stop breastfeeding?	Not Stoppe
	Immunization:	Yes

## 6. Assessment

- Nutrition Risk Criteria assigned during the most recent certification will appear under the Assessment header

### Assessment:

Certification Risks:  
 Risk 428: Dietary Risk Associated with  
 Complementary Feeding Practices

## 7. Referrals

- Referrals provided during the most recent certification will appear under the Referrals header
- Click on Add More to add more Referrals
- Click on Edit to edit Referrals

### Referrals:

Substance Abuse  
 TANF/Cash Assistance

## 8. Topics

- Click on Edit to add or delete a Topic

### Education Topics:

- Healthy balanced eating (specific to category)
- Physical activity (related to nutrition)
- Planning meals/snacks
- Portions

### 9. Handouts

- Enter any handout(s) that were given to the participant

#### Handouts:

1:	Health bennifits of fruit	
2:	Easy exercise	×
3:		

### 10. Goals

- Enter participant's goal(s).
- If participant is not ready to set a goal enter "No goal was set" or you may re-use a previous goal the participant is continuing to focus on

#### Goals:

1:	Plans to eat at least 2 servings of fruits for a daily snack
2:	Increase activitty to swimming 3 days/week during summer

### 11. Counseling/Plan

- Type information as needed

#### Counseling / Plan:

Discussed easy vegetables to buy and prepare. Try making a menu for meals that includes vegetables



## 12. Optional

- Select a box next to the sections of the care plan to copy to other family members
  - S = Subjective O = Objective A = Assessment P = Plan
    - Note: If P is selected Topics, Goals and Referrals display, with the option for selection

Copy ☐S ☐O ☐A ☐P

**Optional**

Copy ☐S ☐O ☐A ☒P

☐Topics ☐Goals ☐Referrals ☐Handouts

- If user selects the box next to All Participants in this family, selected sections of the Participant Care Plan will be copied to all family members that are ACT/APP/TEMP status
- OR
- User can select a participant from the dropdown to have selected sections of the Participant Care Plan to be copied

To: ☐All Participants in this Family (ACT/APP/TEMP)

or

Select Participant...

Deidra Adair

Kinsey Adair

## 13. Select this box if the Participant Care Plan is High Risk

☐This is a HIGH RISK Care Plan

## 14. Save/Cancel buttons:

- Click on Save to save the entered information
- Click on Cancel to cancel the transaction

## 15. When the Participant Care Plan has been successfully saved the following Success message will display

**Care Plan Updated**

16. After the Participant Care Plan has been saved the user will be directed back to the Participant Summary page.
  - The view will only show the newest plan. To view past Care Plans select the box next to View Past Plans and all plans will display in the grid

Participant Care Plan		Alerts	Staff Notes	Referrals
Date	Goals			
7/9/2012	wants to make sure she is getting at least 2 servings of fruits daily			
4/27/2012	Will cont trying to offer more veggies More activity over the summer			

CREATE NEW PLAN
☒ View Past Plans

2. Click on Cert Summary to View the participants certification summary

Cert Summary

## Terminate Certification

1. Click on Terminate Cert to Terminate the participants certification

Terminate Cert

2. View of Terminate Certification modal

### Terminate Certification:

Effective Date:	Termination Reason:
<input type="text" value="7/23/2012"/>	<div style="border: 1px solid gray; padding: 5px;"> <div style="background-color: #f0f0f0; padding: 2px;">Please select a reason...</div> <div style="background-color: #e0f0ff; padding: 2px;">Please select a reason...</div> <div style="padding: 2px;">Categorically Ineligible</div> <div style="padding: 2px;">Client Receiving Benefits from CSFP</div> <div style="padding: 2px;">Deceased</div> <div style="padding: 2px;">Dual Participation in WIC</div> <div style="padding: 2px;">Error</div> <div style="padding: 2px;">Failure to Pick Up Checks</div> <div style="padding: 2px;">Moved out of Service Area</div> <div style="padding: 2px;">Not Serving Priority</div> <div style="padding: 2px;">Program Misuse</div> <div style="padding: 2px;">Requested Early Certification</div> <div style="padding: 2px;">Voluntary Withdrawal</div> <div style="padding: 2px;">Women Category Change</div> </div>

## Appendix A

### 1. Source of Income

- Child Support/Alimony
- Employment
- Self-Employment
- Foster Care
- Grant/Loan
- Social Security/Disability
- Adjunctive Eligible
- Unemployment Comp
- Verbal Report
- Other Cash Income
- Lump Sum

### 2. Proof of Income

- Check Stubs
- Child Support/Alimony Doc
- Disability Assistance (SSI)
- Foster Placement/ Award Letter
- Military LES
- Bank Account Statements
- Self-Employed Taxes/Receipts
- SNAP Eligibility Notice
- Student Award Letter
- TANF –Award Letter
- Unemployment Letter/Notice
- Verification of Certification
- Signed Statement
- W-2 Form or Income Tax Form
- Zero Income (No Proof Form)
- Verbal Report
- No Proof Form
- Forgot Documents

### 3. Method: Income Period

- Weekly
- Bi-weekly
- Semi-monthly
- Monthly
- Quarterly
- Annual
- Hourly
- Daily
- Lump Sum